

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000944

FILED  
Sep 01, 2006  
Secretary of State

**Entity Name:** ALDERMAN GROUP HOME, INC.

**Current Principal Place of Business:**

5100 SW 198 TERR  
SOUTHWEST RANCHES, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

5800 SW 198 TERR  
SOUTHWEST RANCHES, FL 33332

**New Mailing Address:**

**FEI Number:** 65-0935651      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ALDERMAN, ELIZABETH  
5800 SW 198 TERR  
FT. LAUDERDALE, FL 33332      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ALDERMAN, ELIZABETH  
Address: 5800 SW 198TH TER  
City-St-Zip: FT LAUDERDALE, FL 33332

Title: VD      ( ) Delete  
Name: ALDERMAN, KARL  
Address: 5800 SW 198TH TER  
City-St-Zip: FT LAUDERDALE, FL 33332

Title: D      (X) Delete  
Name: GIL, JESSICA  
Address: 8328 NW 201ST TERRACE  
City-St-Zip: HIALEAH, FL 33015

Title: D      ( ) Delete  
Name: GRIJALBA, ALEX  
Address: 2661 SW 11 ST #8.  
City-St-Zip: MIAMI, FL 33135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH ALDERMAN

PD

09/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date